

Agency:	Contact Name:
Department:	Title:
Office:	Phone:
Address:	e-mail:
City:	fax:
State:	Zip:

**Office equipment requested for exemption:**

[illegible]

Has SOSS serviced this equipment in the past?      Yes      No

Has your organization received past service from SOSS?      Yes      No

Term of exemption request: \_\_\_\_\_ to \_\_\_\_\_ (not to exceed 1 year)

As representative for the above-named organization, I support this exemption from California Government Code (19130-19134), Public Contract Code (10337), State Contracting Manual (Section 7.75), and the State Administrative Manual (Section 2100) for the equipment identified above, based on the following business need:

I have read and understand the services provided by the State of California, SOSS as defined at [www.dgs.ca.gov/soss](http://www.dgs.ca.gov/soss) and still find it necessary to support this exemption request.

Requestor

Date:

Procurement and Contracting Officer

Date:

**FOR SOSS USE ONLY**

Request for exemption is ☐ approved or ☐ denied

Comments

Chief, Statewide Office Systems Support

Date: